



OZARKS UNLIMITED RESOURCES COOPERATIVE

525 OLD BELLEFONTE ROAD

PHONE: (870) 743-9100

FAX: (870) 743-9099

DOCKET FILE COPY ORIGINAL

Harrison, Arkansas 72601-5542

Dr. Leon McLean, Director

MEMBERSHIP

APR 12 1999

April 8, 1999

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BAXTER COUNTY

Cotter S.D.

BOONE COUNTY

Alpena S.D.
Bergman S.D.
Harrison S.D.
Lead Hill S.D.
Omaha S.D.
Valley Springs S.D.

CARROLL COUNTY

Berryville S.D.
Eureka Springs S.D.
Green Forest S.D.

MADISON COUNTY

Kingston S.D.

MARION COUNTY

Bruno-Pyatt S.D.
Flippin S.D.
Yellville-Summit S.D.

NEWTON COUNTY

Deer S.D.
Jasper S.D.
Mt. Judea S.D.
Western Grove S.D.

SEARCY COUNTY

Marshall S.D.
St. Joe S.D.
Witts Springs S.D.

NORTH ARKANSAS COMMUNITY / TECHNICAL COLLEGE

TO: Office of the Secretary,
Federal Communications Commission
FROM: Dr. Leon McLean, Director
O.U.R. Educational Service Cooperative

IN THE MATTER OF: Request for Review by Ozarks Unlimited Resources
(O.U.R.) Cooperative of Decision of Universal Service Administrator reference
FCC Docket Nos. 97-21 and 96-45

Statement of Party's Interest in the Matter Presented for Review

The O.U.R. Educational Service Cooperative filed forms 470 and 471 for
Greenbrier School District seeking E-Rate discounts for one high-bandwidth
video conference link.

Statement of Relevant, Material Facts with Supporting Documentation

- The appropriate forms 470, 471, and problem resolution data were furnished to SLC as requested (copies enclosed).
- The SLC Funding Notification Synopsis For Application Number: 00049050 for Funding Request Number: 00121248 (copy enclosed) had an erroneous estimated total annual pre-discount cost of \$110,000 and a funding commitment decision explanation that was irrelevant as is described in my February 19, 1999, appeals letter to the SLC administrator.
- The Administrator's Decision on Appeal letter dated March 19, 1999, denied in full the discount request because it was determined that the request included ineligible products.
- The monthly service provider bill (copy enclosed) describes the \$3,000 monthly charge for Interactive Educational Television (IETV) as a contracted service for service and equipment. The leased equipment referenced on the bill includes video encoding and decoding equipment, which the SLC determined was ineligible.

Statement of Question Presented for Review

- The first question is whether video encoding and decoding equipment as a part of a telco service provider lease agreement for interactive educational television teleconferencing services is eligible for discount.
- The second question is whether the costs for such services less the encoding and decoding equipment lease portion is eligible for discount.

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List ABCDE

2

Statement of Relief Sought

The relief requested is full discount eligibility for the high-bandwidth video conferencing link for Greenbrier School District. I believe this request is consistent with SLC approval for such telecommunication leases in similar networks in a number of states.

If I may provide further documentation, please let me know. Thank you for your consideration.



OZARKS UNLIMITED RESOURCES COOPERATIVE

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FAX: (870) 743-9099

APR 12 1999

RECEIVED
Harrison, Arkansas 72601-5542

Dr. Leon McLean, Director

MEMBERSHIP

February 19, 1999

ADLER COUNTY

Adler S.D.

ADLER COUNTY

Adler S.D.

Bergman S.D.

Harrison S.D.

Head Hill S.D.

Imaha S.D.

Valley Springs S.D.

ARROLL COUNTY

Berryville S.D.

Bureka Springs S.D.

Green Forest S.D.

ADISON COUNTY

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ARION COUNTY

Bruno-Pyatt S.D.

Flippin S.D.

Wellville-Summit S.D.

BEWTON COUNTY

Deer S.D.

Asper S.D.

Mt. Judea S.D.

Western Grove S.D.

BEARCY COUNTY

Marshall S.D.

St. Joe S.D.

Witts Springs S.D.

ORTH ARKANSAS

COMMUNITY /

TECHNICAL COLLEGE

TO: Schools and Library Corporation
FROM: Leon McLean, Director
O.U.R. Educational Service Cooperative
RE: Request for Review and Reconsideration for
Application # 00049050
FRN 001212248
Billed Entity # 139497

The funding notification synopsis letter for the above referenced application for Greenbrier Public School District dated February 9, 1999, indicated that funding was denied. There are two inaccuracies on the Funding Notification Synopsis:

- The Synopsis gives the estimated pre-discount cost as \$110,000. As the enclosed data documents, the accurate amount is \$38,000.00 based on the telephone company's initial month's charge of \$5,000 and then monthly line charges of \$3,000 for the time covered.
- The Funding Commitment Decision Explanation states "this FRN includes a request for touch screen video/audio control equipment which are ineligible products." The fiber termination point in the interactive television classroom at Greenbrier is the demarcation point separating telco premise and customer premise equipment. The customer premise equipment includes the video/audio touch screen classroom control equipment, all of which was purchased by the district and is not a part of the 471 request. The 471 request is for telco services for a 45mb video conferencing link.

Enclosed are the forms 470, 471, and related problem resolution data related to this application. Please review and reconsider. Thank you.



Schools and Libraries
Division

MAIL ROOM

APR 12 1999

RECEIVED

Box 125 - Correspondence Unit
100 South Jefferson Road
Whippany, NJ 07981

GREENBRIER PUBLIC SCHOOL DIST
LEON MCLEAN
525 OLD BELLEFONTE RD
HARRISON AR 72601-5542

February 9, 1999

Re: Form 471 Application Number: 49050
Funding Year: 1998
Billed Entity Number: 139497

We have completed our review of your FCC Form 471, Services Ordered and Certification Form, and made decisions with respect to your requests for discounts along with other applications received within the same time period. This letter is to advise you of our decisions.

As you may know, the Federal Communications Commission (FCC) in June 1998 made two changes to the Universal Service Fund for schools and libraries that have direct bearing on your discount request for 1998. First, the 1998 program year has been extended by six months, for a new ending date of June 30, 1999. Second, the FCC established new funding priorities whereby all eligible applicants will receive discounts for eligible telecommunications services and Internet access. Support for internal connections will be allocated in accordance with need so that schools and libraries will receive discounts in order of the discount percentages for which they qualify beginning with applications qualifying for the highest discount percentages. Discounts for internal connections will continue until all funds are exhausted. These changes are reflected in the information in this letter regarding your discount request.

On the following page(s) is a list, by row of Items 15 and 16 of your FCC Form 471. For each item, there is a Funding Request Number (FRN) and several other

SLC Funding Notification Synopsis for Application Number: 00049050

Funding Request Number: 00121248 Funding Status: Unfunded or Denied
SPIN: 143002257 Service Provider Name: Alltel Arkansas Inc.
Provider Contract Number: C
Services Ordered: Telecommunications Services
Effective Date of Discount: 08/01/1998 Contract Expiration Date: 08/01/2005
Estimated Total Annual Pre-discount Cost: \$110,000.00
Discount Percentage Approved by SLC: N/A
Funding Commitment Decision: \$0.00 - Incl. svcs./ or product(s)
Funding Commitment Decision Explanation: The shared discount was corrected. A significant portion of this FRN includes a request for touch screen video/audio control equip. which are ineligible produc

470

Schools and Libraries Universal Service

Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 6 hours

This form is designed to help schools and libraries describe the eligible telecommunications-related services they seek so that this data can be posted on a website and interested service providers can identify the applicant as a potential customer and compete to serve it.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

Block 1: Applicant Address and Identifications (School, library, or consortium desiring Universal Service funding.)

1. Name of Applicant <u>Greenbrier School District</u>		2. Funding Year <u>1998</u>	
3a. NCES School Code (if individual school) or NCES Library Code (if individual library) <u>0506900</u>			
3b. Universal Service Control Number (Administrator will insert this) <u>762070000</u> <u>75 298</u>		3c. Applicant ID Number (Administrator will insert this)	
4a. Type of Applicant (Check only one box.) <input type="checkbox"/> school <input checked="" type="checkbox"/> school district <input type="checkbox"/> library or library consortium under the LSTA <input type="checkbox"/> consortium of multiple entities		4b. If applicant is a consortium, check all other boxes that apply: <input type="checkbox"/> includes non-governmental entities ineligible for support <input type="checkbox"/> entity desires separate bills for each member of consortium <input type="checkbox"/> entity desires separate bills for some members of consortium <input type="checkbox"/> region of a state <input type="checkbox"/> statewide <input type="checkbox"/> multi-state <input type="checkbox"/> state educational agency <input type="checkbox"/> local educational agency <input type="checkbox"/> educational service agency	
5. Applicant's Street Address, P.O. Box, or Route Number <u>4 School Drive</u>			
City <u>Greenbrier</u>	State <u>AR</u>	Zip Code <u>72058</u>	Telephone Number <u>(501) 679-4808</u>
6. Contact Person's Name <u>Dr. Leon McLean</u>			
Street Address, P.O. Box, or Route Number (if different from Item 5) <u>525 Old Bellefonte Road</u>			
City <u>Harrison</u>	State <u>AR</u>	Zip Code <u>72601</u>	
Fill in all of the following (if available), and check the preferred mode of contact: <input type="checkbox"/> Telephone _____ <input type="checkbox"/> FAX <u>(870) 743-9099</u> <input checked="" type="checkbox"/> E-mail <u>lmclean@taurus.oursc.k12.ar.us</u> <input type="checkbox"/> Mail _____			

Block 2: Other Characteristics of Applicant

7a. Number of students <u>2217</u>	7b. Number of library patrons
8. Number of buildings to be served <u>11</u>	9. Number of rooms to be served <u>138</u>

Block 3: Summary Description of Needs or Services Requested

10. ☐ Check if applicant seeks discounts only for eligible services based on one or more existing, binding contract(s) and proceed to Block 4. If so, provide date(s) contract(s) was/were signed _____ and its/their termination date(s) _____.
11. ☒ Check here if you have a Request for Proposal (RFP) available. If the RFP is posted on a website, provide the website address _____.

Posting date 3/12/98
 Allowable Contract 04/09/98
 Cert. Date 03/05/98

Contact Person's Name Dr. Leon McLean and Phone Number: (870)743-9100

(1)	(2) Existing Service	(3) Additional Services Desired	(4) Total Service Desired	(5) Details (Optional)
12. Telecommunications Services				
a. Number of phones that have or require service (See instructions concerning extension phones and fax machines.)				
b. Number of computers that have or require service				
c. Number of high bandwidth video conferencing links	0	1	1	
d. Specify other (Optional)				
13. Internal Connections				
a. Number of buildings with at least some rooms connected				
b. Number of rooms connected				
c. Highest speed of connection				
d. Specify other (Optional)				
14. Internet Access				
a. Number of dial up connections necessary				
b. Highest speed of such dial up connections				
c. Number of direct connections necessary				
d. Highest speed of such direct connections				
e. Specify other (Optional)				

15. You may provide additional summary information about the services you are requesting to help service providers identify your needs more precisely. You may provide technical requirements or give an informal description of your telecommunications-related goals. You may attach additional pages if necessary.

The high bandwidth (broadband) video conferencing link requested is a 45Mb. bi-directional,
full presence Interactive Educational Television IETV) service. This request is for
broadband IETV service from the school district location(s) to the appropriate
demarcation point with the IETV network hub service provider.

16. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how and when providers may contact

Contact Person's Name Dr. Leon McLean and Phone Number: (870)743-9100

you or on other bidding procedures. Please describe below any such restrictions or procedures. You may attach restrictions or give website where they are posted.

17. Purchases in future years: If you have current plans to purchase additional services in future years, describe them below.
(Providing this information is optional.)

Block 4: Technology Assessment

18. Although the following services and facilities are ineligible for support, they are usually necessary if schools and libraries are to make effective use of the eligible services requested in this application. (If your application is only for basic voice telephone service, check this box ☐ and go to Item 19. Otherwise, you must check at least one box on each of the other lines. You may provide details for purchases being sought.)

a. Desktop communications software: Software required ☒ has been purchased; and/or ☐ is being sought.

b. Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or
☐ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☒ has been purchased; and/or ☐ is being sought.

d. Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☐ are being sought.

e. Staff development:
☒ all staff have had an appropriate level of training or additional training has already been
scheduled; and/or ☐ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services or facilities you desire.

Block 5: Listing Consortium Participants

Contact Person's Name Dr. Leon McLean and Phone Number: (870)743-9100

19. **Eligible Entities:** (Billed Entities.) If applicant is an individual school or a library or a school district or a library system that will receive only one bill, it should only fill in the first row of this chart. If applicant is a consortium of multiple billed entities, then it should fill out a row for each billed entity. (Applicant may attach additional pages.)

Billed Entity	Billed Entity's Zip Code	Billed Entity Code (Inserted by Administrator)	Zip Code(s) of Recipients of Service
Greenbrier School District	72058		72058

20. **Entities Ineligible for Schools and Libraries Discount:**

Name of Entity	Zip Code(s) of Recipient of Service	Contact Person	Phone Number, E-mail Address, or Alternative Preferred Contact Method

Block 6: Certifications and Signature

21. The applicant includes: (Check one or both.)

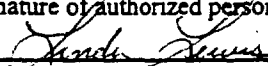
- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges, and universities.

22. All of the individual schools, libraries, and library consortia listed above in item 19 are covered by:

- a. ☒ individual technology plans and/or
- b. ☐ higher-level technology plans for using the services requested in this application (if those services consist of other than voice services).

Contact Person's Name Dr. Leon McLean and Phone Number: (870) 743-9100

23. Status of technology plans (check one):
- a. ☒ Technology plan(s) has/have been approved; or
 - b. ☐ Technology plan(s) will be approved by a state or other authorized body; or
 - c. ☐ Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.
24. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
25. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.
26. ☒ I certify that I am authorized to submit this request on behalf of the above-named applicant, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

27. Signature of authorized person 	28. Date 3/5/98
29. Printed name of authorized person Linda Lewis	
30. Title or position of authorized person Technology Coordinator	

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator, themselves or as part of a consortium. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction

Contact Person's Name Dr. Leon McLean and Phone Number: (870)743-9100

Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

This form should be submitted to: **Schools and Libraries Corporation**
P.O. Box 4217
Iowa City, Iowa 52244-4217
1-888-203-8100

471

Schools and Libraries Universal Service Services Ordered and Certification Form

Estimated Average Burden Hours Per Response: 6 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Schools and Libraries Corporation can set aside sufficient support to reimburse providers for services.

Please read instructions before completing. (To be completed by each Billed Entity)

Block 1: Applicant Address and Identifications (School, library, or consortium desiring Universal Service funding.)

1. Name of Applicant (Billed Entity) <u>Greenbrier School District</u>		2. Funding Year <u>1998</u>	
3a. NCES School Code (if individual school) or NCES Library Code (if individual library) <u>0506900</u>			
3b. 471 Application Number (Administrator will insert this)		3c. Billed Entity Number	
4a. Type of Applicant (Check only one box.) <input type="checkbox"/> school <input checked="" type="checkbox"/> school district <input type="checkbox"/> library or library consortium under the LSTA <input type="checkbox"/> consortium of multiple entities		4b. If applicant is a consortium, check all other boxes that apply: <input type="checkbox"/> includes non-governmental entities ineligible for support <input type="checkbox"/> region of a state <input type="checkbox"/> statewide <input type="checkbox"/> multi-state <input type="checkbox"/> state educational agency <input type="checkbox"/> local educational agency <input type="checkbox"/> educational service agency	
5. Applicant's Street Address, P.O. Box, or Route Number <u>4 School Drive</u>			
City <u>Greenbrier</u>	State <u>AR</u>	Zip Code <u>72058</u>	Telephone Number <u>501-679-4808</u>
E-mail Address			
6. Contact Person's Name <u>Leon McLean</u>			
Street Address, P.O. Box, or Route Number (if different from Item 5) <u>525 Old Bellefonte Rd.</u>			
City <u>Harrison</u>	State <u>AR</u>	Zip Code <u>72601</u>	
Fill in all of the following (if available), and check the preferred mode of contact: <input type="checkbox"/> Telephone <u>870-743-9100</u> <input type="checkbox"/> FAX <u>870-743-9099</u> <input checked="" type="checkbox"/> E-mail <u>lmclean@taurus.cursc.k12.ar.us</u> <input type="checkbox"/> Mail			

Block 2: Purpose of Request

7. Purpose of Request: (Check all that apply, if any.)
a. <input checked="" type="checkbox"/> Discount on contract(s) signed prior to a request being posted on the Administrator's website. Was an FCC Form 470 filed with regard to all the contract(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. <input type="checkbox"/> Discount on contract(s) signed after a request being posted on the Administrator's website.
c. <input type="checkbox"/> Minor modification or supplement to existing contract(s) for which a Form 471 was already filed. 471 Application Number _____

Block 3: Characteristics of Applicant and Applicant's Service Order (derived from FCC Form 470 Blocks 2 & 3)

8a. Number of students <u>2,217</u>	8b. Number of library patrons			
9. Number of buildings to be served <u>11</u>	10. Number of rooms to be served <u>138</u>			
<table border="1"> <tr> <td></td> <td>Existing Service</td> <td>Total Services After Order</td> </tr> </table>			Existing Service	Total Services After Order
	Existing Service	Total Services After Order		

Contact Person's Name Leon McLeanand Phone Number: 870-743-9100**11. Telecommunications Services**a. Number of phones that have or require service
(See instructions concerning extension phones and fax machines.)

b. Number of computers that have or require service

c. Number of high bandwidth video conferencing links

12. Internal Connections

a. Number of buildings with at least some rooms connected

b. Number of rooms connected

c. Highest speed of connection

13. Internet Access

a. Number of dial up connections

b. Highest speed of such dial up connections

c. Number of direct connections

d. Highest speed of such direct connections

Block 4: Determining Discount Percentage

14. Fill in one line per school, library, or library consortium and calculate in the last line, an average discount rate for the billed entity. Attach additional pages if necessary. *Note:* If the applicant has already completed this chart for all of the same entities with data that is current, provide the "471 Application Number" (Item 3b), from that previous FCC Form 471 here:

(1) Name of Individual School or Library	(2) NCES or Comparable Code for School or Library (Obtain from Administrator)	(3) Urban or Rural	(4) <i>For Schools:</i> Number of Students <i>For Libraries:</i> NCES Code of a School in its District	(5) <i>For Schools:</i> Number of Students Eligible for National School Lunch Program	(6) Discount Calculated from Discount Matrix	(7) Check if School or Library will use "Shared Services" listed in Item 15.
Greenbrier School Dist.	0506900	R	2,217	792	70%	<input checked="" type="checkbox"/>
Primary	00417	R	504	177		<input type="checkbox"/>
Intermediate	01429	R	547	195		<input type="checkbox"/>
Middle	01359	R	377	110		<input type="checkbox"/>
High School	00418	R	789	310		<input type="checkbox"/>
FOR SHARED SERVICES ORDERED BY BILLED ENTITY (attach worksheet of calculations)					70%	

$$\begin{aligned}
 P &= 177 / 504 = 35\% & 504 \times .35 &= 176 \\
 I &= 195 / 547 = 36\% & 547 \times .36 &= 197 \\
 M &= 110 / 377 = 29\% & 377 \times .29 &= 109 \\
 H &= 310 / 789 = 39\% & 789 \times .39 &= 308
 \end{aligned}$$

$$\begin{aligned}
 &790 / 2217 = 36\% \\
 &36\% = 70\%
 \end{aligned}$$

790

Contact Person's Name Leon McLean and Phone Number: 870-743-9100

Block 5: Services Ordered

15. "Shared" services: All EXCEPT site-specific, internal connections and dedicated ("private line") connections from only one school or library to an ISP or other end-user.

(1)	(2)	CONTRACT			(6)	(7)	Amount		(10)	(11)
SLC Service Provider Number or Full Legal Name of Service Provider	Universal Service Control Number for Form 470 on which this is based	(3) Contract Number (if applicable)	(4) Award Date	(5) Expiration Date	Services or Products	Service Start Date	(8) Estimated One Time Pre-discount Cost	(9) Estimated Monthly Pre-discount Cost	Estimated Total Annual Prediscount Cost	Percentage Discount (from Item 14)
Alltel 143002257	76207 00000 75298	C	Apr. 12, 1998	Aug. 1, 2005	Telecommunication Services	Aug. 1, 1998	\$5,000	\$15,000	\$20,000	70%
					Internet Access			@ 3,000 per month		
					Internal Connections (Shared)					
					Telecommunication Services					
					Internet Access					
					Internal Connections (Shared)					
					Telecommunication Services					
					Internet Access					
					Internal Connections (Shared)					

Contact Person's Name Leon McLean and Phone Number: 870-743-9100

16. "Site Specific" Services: Internal connections not shared by multiple schools or libraries and dedicated ("private line") connections from only one school or library to an ISP or other end-user.

(1)	(2)	CONTRACT			(6)	(7)	Amount (See instructions about rounding)			(11)	(12)
SLC Number of Service Provider (Obtain from Service Provider)	Universal Service Control Number for Form 470 on which this is based	(3) Contract Number (if applicable)	(4) Award Date	(5) Expira- tion Date	Services or Products	Service Start Date	(8) Estimated One Time Pre-discount Cost	(9) Estimated Monthly Pre-discount Cost	(10) Estimated Total Annual Pre- discount Cost	Percent- age Dis- count (from Item 14)	School or Library Code (Listed on website)
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						

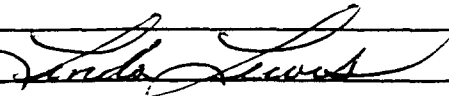
Contact Person's Name Leon McLean and Phone Number: 870-743-9100

17. ☐ Check this box to confirm that, for each service provider listed in 15 and 16. above, a list is attached (as an appendix to this form) of all of the services that each service provider is providing to the billed entity. Service providers should provide these lists on request.

18. a. Total dollars of support allocated for this application for the entire funding year (calculated by administrator)	
b. Amount of support set aside for this application for the first six months of the year (calculated by administrator)	
19. Provide the total estimated cost (pre-discount price) for the services you expect to order in the funding year following the one for which you are applying here. (This figure is not binding.)	\$36,000
20. Is your order solely for basic telephone service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Block 6: Certifications and Signature

21. The applicant is eligible for support because it includes: (Check one or both.)
- ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools' including, but not limited to, elementary and secondary schools, colleges, or universities.
22. The school(s) or library(ies) I represent have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
23. All of the individual schools, libraries, and library consortia listed above in items 15 and 16 are covered by:
- ☒ an individual; and/or
 - ☐ higher-level technology plan(s) for using the services requested in this application (if those services consist of other than voice services).
24. Status of technology plans (check one):
- ☒ Technology plan(s) has/have been approved; or
 - ☐ Technology plan(s) will be approved by a state or other authorized body; or
 - ☐ Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.
25. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements of services for which support is being sought.
26. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
27. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service receive an appropriate share of benefits from those services.
28. I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.
29. I certify that I am authorized to submit this request on behalf of the above-named institution, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

30. Signature 	31. Date <u>9/12/98</u>
32. Printed name of authorized person <u>Linda Lewis</u>	
33. Title or position of authorized person <u>District Technology Coordinator</u>	

Contact Person's Name Leon McLean

and Phone Number: 870-743-9100

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

This form should be submitted to: **Schools and Libraries Corporation**
P.O. Box 4217
Iowa City, Iowa 52244-4217
1-888-203-8100

Alltel Arkansas, Inc.

Provider: Alltel

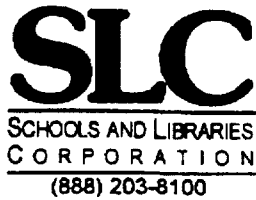
Service Description: Engineer, construct, install, and maintain the Alltel portion of the O.U.R. Educational Cooperative Interactive Educational Television Network (OURNET) within Alltel's local exchange service territory, including fiber and fiber optic transmission system to the demarcation points with the other network telco providers, and to switch services as the network hub service provider.

Network Technical Description: The interactive distance learning system allows students and teachers to interact with two-way video, audio, and data from multiple remote locations with continuous simultaneous view of up to four sites. It utilizes a digital transport facility between each site and the central hub location. A switch and control system at the hub establishes the learning sessions. The video switch and control system at the hub are owned and serviced by Alltel Arkansas, Inc.

A codec in each site encodes the outgoing analog video and audio signals with any data into a digital DS3 signal and decodes the incoming DS3 digital signal into analog signals and data. The DS3 signal is transported over the network with fiber optic transmission facilities.

At the hub site the signals are switched with a DS3 digital cross-connect with a maximum capacity of 128 duplex ports. The OUR Educational Cooperative has use only of the ports necessary to provide the network. This switch is controlled by a collated computer that uses a reservation-based scheduling system. Schedules are entered into the data base in advance with instant or short-interval start-times to establish multiple, simultaneous class sessions. Reservation types supported are continuous view/full presence, broadcast, point-to-point, scanning, and picture-in-picture. A remote terminal (district scheduler terminal) may be used to enter reservations into the system via a modem.

The site (classroom) equipment consists of a touch-screen computer monitor control panel used by the instructor, and a shelf that houses a local central processing unit, the video source select switch, a power supply and all control panel option modules. The touch-screen control panel is used to select a video source as the primary output from the various local cameras, VCRs, or incoming classroom signals. It is also used to select and control options such as text-over-video, picture-in-picture, and camera control that allows for pan, tilt, focus, and zoom.



SLC Procedures Problem Resolution

Facsimile Transmittal Sheet

To: Leon McLean

Date: 18 May, 1998

Applicant's Name: Greenbrier School District

Fax Number: (870) 743-9099

RE: FCC Form 471 Problem Notification

Control: D002472

IMMEDIATE ATTENTION REQUESTED:

Please consult the special "Quick Fixes" Problem Resolution guide on the SLC Web Site <www.slcfund.org> or obtain this helpful special tool through SLC's Fax on Demand Service, toll-free at 800-959-0733. This is a step-by-step guide created specifically to help you respond to this Problem Resolution Fax. We urge you to use this guide BEFORE calling the Client Service Bureau. If you still have questions then call the Client Service Bureau at 888-203-8100.

Dear Applicant:

Thank you for submitting the Form 471 Application to the Schools and Libraries Corporation. We discovered one or more item errors or omissions that have prevented us from processing your application and need more information from you so that we may proceed.

It is important that you respond to this request, by fax to 888-276-8736, within the next seven (7) calendar days. Provide your faxed response no later than 8:00 p.m., Eastern time, on May 25, 1998 in order to maintain your position within the 75-day window. (We urge you to obtain and keep a record of successful transmission.) If your response is not received by this date and time, your Form 471 will be processed in the order received and your position in the window will have been **lost**. In addition, if you return incomplete information in response to this request, your Form 471 application will return to Problem Resolution and you will receive another request for information. **If this occurs, your next response will be given a new received date from the original and your application will be processed in the order received as first come, first served.** To prevent this from occurring, please be sure you respond with correct, complete information in your first response.

Please read the following pages carefully for corrections needed. We have included a fax-back "SLC Problem Resolution Response Form" to assure that critical identifying information is included along with your substantive response. We encourage you to use a clean version of the relevant page(s) of Form 471 to provide the information requested. When you fax back the corrected information and your response form, be sure to include the signature of the person who signed the original Form 471 application, if that person is available. If that person is unavailable, then please ensure that another person who is authorized to sign the Problem Resolution Response Form signs the required attestation/certification at the bottom of the form.

The following information pertains to the correction of your application:

Block 2: Purpose of Request

Item 7 asks that you indicate the type of funding request. Your application appears to include a request for funding of discounts for services under contract.

Item 7a was checked. You must also check the 'Yes' or 'No' box to indicate whether a Form 470 was filed by you or on your behalf. Note: Without a Form 470 filed at least 29 days before your Form 471 signature date, your application is invalid.

Block 5: Services ordered.

Item 15 requires you to provide information about the eligible shared services that you have ordered, which will enable us to estimate your funding needs. See the "471 Application Guidance Hot Tips" page on the SLC Web Site (www.slcfund.org) for further assistance. The following information was missing or illegible:

Columns 3, 4, or 5 were left blank or featured an invalid entry. Columns 4 AND 5 must be filled in for services under contract, and must be in mm/dd/yy format. For those rows requesting discounts for Tariffed Telecommunication Services only, please add a "T" in columns 3, 4, and 5. If your services are under contract but no contract number was used, please fill in Column 3 with a "C" to confirm that you have a contract.

Column 10 requires that you provide your best estimate of the total pre-discount charges that you expect to incur for the services included in Column 6. Note that this amount is an estimate of the sum of the one-time charges contained in Column 8 plus the total amount of monthly charges that you expect to incur during the 1998 program year (which ends December 31, 1998). For tariff services, you should estimate that discounts cannot begin prior to the 29th day following the posting of your Form 470. For services under contract, you should estimate that discounts begin January 1, 1998, in the case of qualified pre-existing contracts or the date that the contract was signed, whichever date is later. For requests for new services, discounts on services under contract cannot begin earlier than the date that the contract was signed, which must be at least 29 days after the date that the related Form 470 was posted to the SLC Web Site.

Please follow the process used in the Example below in recalculating your Estimated Total Annual Pre-discount Cost for Column 10:

EXAMPLE:

Column 7	Column 8	Column 9	Column 10
Service Start Date	Estimated One Time Pre-discount Cost	Estimated Monthly Pre-discount Cost	Estimated Total Annual Pre-discount Cost
3/1/98	200	35	550

Service Start Date Factor: This factor represents the number of months in 1998 that service will be received. For example:

- If service start date is January 1, 1998, use 12 months.
- If service start date is February 1, 1998, use 11 months.
- If service starts on March 15, use 9.5 months.

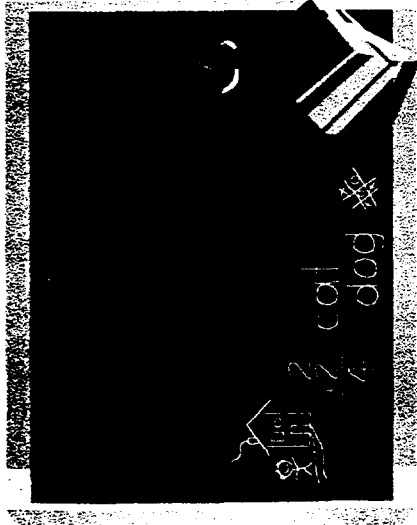
For start dates which occur on other than the first or the 15th of the month, round to the half-month date which fully includes the service period. For example:

- If service begins on March 20, round to March 15, so the service start date factor is 9.5.
- If service begins March 9, round to March 1, so the service start date factor is 10.

Estimated Total Annual Pre-discount Cost (see matrix above): Service Start Date Factor (10 Months) x
Estimated Monthly Pre-discount Cost: $10 \text{ Months} \times 35 = 350$ plus Estimated One Time Prediscout
Cost of 200 = 550.

We look forward to receiving your fax-back response (at 888-276-8736) no later than the date cited at the beginning of this notice (that is, May 25, 1998) so that we may process your application in a timely manner and so that you retain your position in the window. Thank you for your interest in the Universal Service program.

OUR Educational Cooperative



**525 Old Bellefonte Rd.
Harrison, AR 72601
Phone 870-743-9100
FAX 870-743-9099**

1 of 2 PAGES

TO: Sarah

FAX: 785 841 0603

FROM: Dave Borg

DATE: 7-7-98

NOTES: Control # D 2472

Thanks for your help

DISCOUNT RATE FOR SHARED SERVICES

+ "Site Specific"

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Name of Individual School or Library	NCES code for Individual School	Urban or Rural	Number of Students	Number of Students Eligible for National Student Lunch Program	Discount Calculated from Discount Matrix	Check if School will use Shared Services listed in Item 15
Elementary School A	11-11111-11111	Urban	776	311	60%	x
Middle School B	11-11111-11112	Urban	653	159	50%	x
High School C	11-11111-11113	Urban	541	103	40%	x
FOR SHARED SERVICES ORDERED BY BILLED ENTITY (attach worksheet of calculation)					51	

Calculation Worksheet Instructions and Example*Information Required:**

Name of School (column 1)	Number of Students (column 4)	Discount % (column 6)
Elementary School A	776	60%
Middle School B	653	50%
High School C	541	40%

*Client needs to show all the following on their worksheet

To find the shared percentage:**1. Multiply column 4 by column 6**

Elementary School A	776 x 60%	465.6
Middle School B	653 x 50%	326.5
High School C	541 x 40%	216.4

2. Take the sum of the products

Elementary School A	465.6
Middle School B	326.5
High School C	216.4
Total	1008.5

3. Calculate Total # of Students

Elementary School A	776
Middle School B	653
High School C	541
Total	1970

4. Divide (2) by (3) to get the weighted average

$$\frac{\text{Sum of Products}}{\text{Total \# of Students}} = \frac{1008.5}{1970} = 51.2^*$$

51%

* Client needs to round to the nearest whole percent.

Shared Service Discount Percentage = 51%

SLC PROBLEM RESOLUTION RESPONSE FORM

Fax To: (888) 276-8736

Contact Number: (888) 203-8100

PLEASE COMPLETE:Name of Applicant: Greenbrier School DistrictApplicant Control Number: D002472Name of person completing this response: Leon McLeanReturn Fax Number: 870-743-9099 Telephone Number: 870-743-9100Number of Pages (including your cover page and this response form): 3**Attestation/Certification**

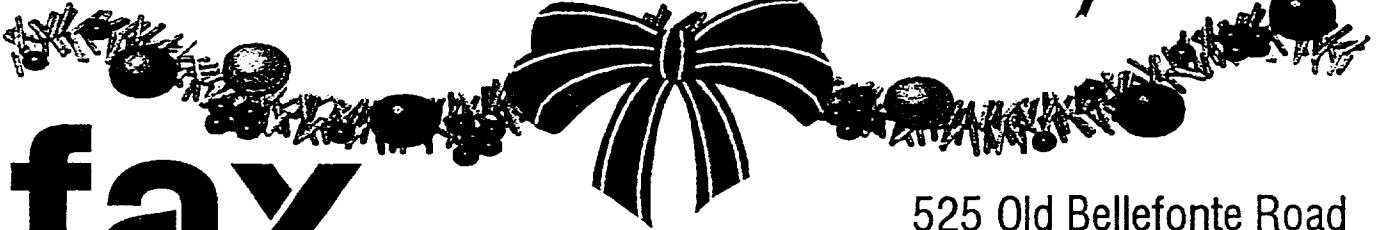
"I certify that the information attached in the following 2 (fill in number) pages is accurate and complete to the best of my knowledge, information and belief, and that I am authorized to submit this information on behalf of Greenbrier School District (Name of billed entity Form 471 applicant)."

Leon McLean
Name of Authorized PersonDirector
Title of Authorized PersonLeon McLean
Signature of Authorized Person870-743-9100
Telephone Number of Authorized PersonMay 19, 1998
Date

For Applicants lacking Service Provider Identification Numbers (SPIN's) on their Form 471 application, please check one of the following:

☐ All SPIN's provided here☐ Some SPIN's provided here☐ No SPIN's yet provided here; estimated arrival date of SPIN's is: _____

O. U. R. Educational Cooperative



fax

525 Old Bellefonte Road

Harrison, AR 72601

Phone 870-743-9100

FAX 870-743-9099

To: AL SCHWARTZ

From: LEON McLEAN

Date: 12/16/98

Fax: 973.884.8429

Regarding:

GREENBRIER F/R

Page 1 of 3

data

Notes: These are the data for Greenbrier schools.

We had combined the Jr high & senior high numbers.

Please use schools as listed on this fax. Thanks

1998-99 ELIGIBILITY REPORT
NUMBER OF STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE MEALS AS OF
OCTOBER 01, 1998

District LEA: 2303000	District Name: Greenbrier	County: Faulkner
Superintendent: Mike Mertens	Food Service Director: Pat Tapley	
4 School Drive	4 School Drive	
Greenbrier, AR 72058	Greenbrier, AR 72058	
District Phone: 501 679-4808	FSD Phone: 501 679-1023	
District Fax: 679-1024	FSD Fax: 679-1024	

* OCTOBER 1 ENROLLMENT AS REPORTED TO ADE

** ELIGIBLE PAID MEALS SHOULD = (ENROLLMENT - (ELIGIBLE FREE + ELIGIBLE REDUCED))

SCHOOL LEA 2303016 SCHOOL NAME Greenbrier Primary GRADE SPAN K-02

* ENROLLMENT AS OF 10/01/98	<u>568</u>
ELIGIBLE FREE MEALS	<u>179</u>
ELIGIBLE REDUCED MEALS	<u>67</u>
** ELIGIBLE PAID MEALS	<u>322</u>

SCHOOL LEA 2303017 SCHOOL NAME Greenbrier High GRADE SPAN 10-12

* ENROLLMENT AS OF 10/01/98	<u>463</u>
ELIGIBLE FREE MEALS	<u>65</u>
ELIGIBLE REDUCED MEALS	<u>40</u>
** ELIGIBLE PAID MEALS	<u>358</u>

SCHOOL LEA 2303018 SCHOOL NAME Greenbrier Middle GRADE SPAN 06-07

* ENROLLMENT AS OF 10/01/98	<u>371</u>
ELIGIBLE FREE MEALS	<u>92</u>
ELIGIBLE REDUCED MEALS	<u>41</u>
** ELIGIBLE PAID MEALS	<u>238</u>

SCHOOL LEA 2303019 SCHOOL NAME Dean Martin Intermediate

GRADE SPAN 03-05

* ENROLLMENT AS OF 10/01/98	<u>538</u>
ELIGIBLE FREE MEALS	<u>167</u>
ELIGIBLE REDUCED MEALS	<u>68</u>
** ELIGIBLE PAID MEALS	<u>303</u>

SCHOOL LEA 2303020 SCHOOL NAME Greenbrier Jr. High

GRADE SPAN 08-09

* ENROLLMENT AS OF 10/01/98	<u>378</u>
ELIGIBLE FREE MEALS	<u>91</u>
ELIGIBLE REDUCED MEALS	<u>27</u>
** ELIGIBLE PAID MEALS	<u>260</u>



OUR Educational Cooperative

525 Old Bellefonte Road
Harrison, AR 72601
Phone 870-743-9100
FAX 870-743-9099

1 of 5 PAGES

TO: AL SCHWARTZ

PHONE:

FAX:

973.884.8429

FROM: LEON McLEMAN

PHONE:

FAX:

NOTES: Greenbrier billing information
from Altier Teco for interactive television
distance learning charges Greenbrier High School
Greenbrier, AR

12. 29/98 11:32 FAX 501 743 5518

2 202 501-679-0948 090198 444 040389300 0 Mail date OCT 05, 1998 Page 1
01/98

98OCT01

01 202 501-679-0948 12:49:14 10

2 Current amount due by OCT 27, 1998
0 Make checks payable to: ALLTEL CORPORATION

2	Amount enclosed	Total amount due	6,542.50
---	-----------------	------------------	----------

0

01

!720589206047!

001 ALLTEL CORPORATION
0 P O BOX 8050
0 LITTLE ROCK, AR 72203-8050
0

GREENBRIER HIGH SCHOOL
DISTANCE LEARNING
#4 SCHOOL DRIVE
GREENBRIER AR 72058-9206

0 ** Please do not mark below this line **

0 4440403893000000100100654250 4440403893006542501

Q

0

0(PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.) 202 501-679-0948 090198

0

2 BILLING SUMMARY

MAIL DATE 10/05/98

[illegible]

0

If you are paying for multiple ALLTEL accounts with one check, please

• Include the remittance slip for each account and note each account number

On the memo line of your check. Thank you.

This is the October bill (the first bill the customer received). We bill for local service one month in advance; so this bill reflects the September monthly charge of \$3,000 and also the October monthly charge.

12/29/98 11:32 FAX 501 743 5518 ALLTEL 003

ZALLTEL CORPORATION 040389300 202 501-679-0948 090198 Page 2 98OCT01 01 202 501-679-0948 12:49:14 10
01/98
2P O BOX 8050 Mail date OCT 05, 1998
OLITTLE ROCK, AR 72203-8050

0Local billing inquiries call 1-800-223-4844

0
0

0PLEASE DETACH AND RETURN THIS TOP PORTION WITH YOUR PAYMENT.

0
0
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0
0
0

0
2SUMMARY OF CURRENT CHARGES
2
0 ALLTEL 6,542.50
0 TOTAL 6,542.50

0 CURRENT CHARGES DUE 10/27/98 6,542.50
0 A 2 PERCENT LATE PAYMENT CHARGE WILL APPLY TO ANY UNPAID BALANCE.
0

2ALLTEL SUMMARY OF CURRENT CHARGES
0 Service from 10/01/98 to 10/31/98
0 Toll charge inquiries call 1-800-223-4844

2
0 SERVICE AND EQUIPMENT 3,000.00
0 OTHER CHARGES AND CREDITS 3,000.00

ZALLTEL CORPORATION
01/98
2P O BOX 8050
0LITTLE ROCK, AR 72203-8050

040389300 202 501-679-0948 090198 Page 3
Mail date OCT 05, 1998

98OCT01

01 202 501-679-0948 12:49:14 10

0Local billing inquiries call 1-800-223-4844

0	FEDERAL TAX	180.00
0	STATE TAX	277.50
0	CITY TAX	25.00
0	UNIVERSAL SERVICE FUND	60.00
0	TOTAL	6,542.50

0TOTAL ALLTEL CHARGES 6,542.50

2DETAIL OF LOCAL SERVICE CHARGES

0 The following detail itemizes your current billing. These charges
0are reflected on your regular monthly bill Taxes and prorated monthly
0charges are not included.

0Quantity	Service Description	Monthly Charges
0 1	IETV - CONTRACTED SERVICE-VAR	3,000.00

2ALLTEL OTHER CHARGES AND CREDITS

0LOCAL SERVICE	3,000.00
0 from 09/01/98 to 09/30/98	
0	

0TOTAL OTHER CHARGES AND CREDITS 3,000.00

2ALLTEL CUSTOMER MESSAGE

2
2
2
7Billing inquiries, requests for a delayed payment agreement, or complaints
7should be referred to your business office by calling toll-free
71-800-223-4844 prior to the due date.

0

0

0ALLTEL CORPORATION
01/98

040389300 202 501-679-0948 090198 Page 4

98OCT01

01 202 501-679-0948 12:49:14 10.

0Local billing inquiries call 1-800-223-4844 Mail date OCT 05, 1998

0

7GENERAL INFORMATION

7Payments you have made that do not appear on this bill as a credit should
7be deducted from the "Total Amount Due" before you make the payment.
7If you pay this bill by mail, checks should be made payable to the company
7shown on the front side of this bill. The enclosed payment page, page 1
7should always accompany your payment. When paying in person, please bring
7page 1. The "Current Amount Due by" date on this bill refers to the
7current month's charges and does not extend any previous billing due dates
7or payment arrangements. Billing or service questions or complaints should
7be referred to your local business office prior to the due date. An
7explanation of the various charges, of rate schedules, and of how to verify
7the accuracy of this bill can be obtained by contacting your local business
7office. The telephone number and address appear on the front of this bill.
7All federal, state and local taxes are computed in accordance with the
7appropriate tax laws.

7Cr indicates the amount shown is a credit.

7Codes for the various types of long distance calls are as follows:

7CLASS OF CALL (CL)	P - Person to Person	
7	S - Station to Station	
7RATE PERIOD (RP)	D - Day	
7	E - Evening	
7	N - Night/Weekend	
7	DM - Day Multirate	
7	EM - Evening Multirate	
7	NM - Night/Weekend Multirate	
7	IC - International Call Rate Periods apply	

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From: Frank.W.Henry@alltel.com <Frank.W.Henry@alltel.com>
To: Imclean@taurus.oursc.k12.ar.us <Imclean@taurus.oursc.k12.ar.us>
Date: Thursday, December 17, 1998 1:00 PM
Subject: Re[2]: E-Rate Info for Greenbrier

Leon,

Attached, per your request.

Frank.

Frank,

Presented below are the major components of the \$3,000 per month IETV bill. Included are capital investment for equipment, engineering, maintenance, and associated labor/installation as outlined below:

Greenbrier School:

Video Encoder/Decoder and associated components with cabinet
45 Mbps Fiber optic Transceiver with DS3 signal cards and
tray, local loop fiber costs

Harrison Video Switch:

J-Series 2.2 software, Video Audio Tributary, and DS3 Signal cards

Other:

Harrison to Greenbrier broadband transport, installation, testing,
training, and spare Video Encoder and Decoder

Reply Separator

Subject: Re: E-Rate Info for Greenbrier
Author: Frank W Henry at ATLRE011
Date: 12/15/98 3:02 PM

Gene,
